# **HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

NAME (Last, First, Middle) Reifurth, Lawrence Michael STATE POSITION HELD: (Dept/Div or Board/Commission) Deputy Director Deputition of a Commerce + Consumer Affairs TERM OF OFFICE (Begin/End): V27/03

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State Bitawait, DCCA 335 Merchant St., Honoldo	×92,000	depthydimetor
SP	Law Office of Mei Nelamoto P.O. Box 3793, Honolule, 96812-3793	≈47, s00	lejalsentices; self-employed
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## ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
SP	MeiNalamots Atyatlan A Law Corpression P.O. Box 3793 Honolviu, HI 96812	Lew Firm	Jallshore	1,000stan6
Pt- others	Hele Molow, Enc. 59-047 Huelo St. Haleiwa, HZ	operation of beach how	Co-ountstan	

#### ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER	
[V]Chec	[V]Check here if entry is None [ ]Check here if additional sheets are att		

#### **ITEM 4: CREDITORS**

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	State Sheet Bank (AAA Members P.O. Box 9109 Retirement Program) Boston, MA 02209	f32,153	ø
JT	BenKN Hawaii P.O.Box 380074 Honduly, HI 96878	<b>≩</b> παρ <sup>3</sup> ασσ	<b>*384,154</b>
F,8P	Northwestern Mutvel Lite Bru Ca Milwarker WE	\$19,700	\$19,700
IT	Bank & Hawaii (serne) (eginglanfondot)	ø	\$250,000
[ ]Che	ck here if entry is None	[ ]Check here if addition	nal sheets are attached

#### ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
SP SP SP SP	Roting Clb of Honolulu, Simme Mei Nekarneto, Atte at Law Mei Nekarneto, Atte at Law ( I Row) Lawrence on Reignet Los Tron Ramik Law Workshops ROJOG 3792 Honoluly HZ PUT 12 Honoluly HZ PUT 12	BOD President Truster BOD, Presdent VP.S., T Truster BOD Pres BOD	2005- 12105 2005- present 12/00- present 2005- present 2003- present ≈ 1992- present	A A

|Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	1572 Kemineke Dru HonelulyHR 968176	1-3-7-61-57	\$1M
SO >	59-047 Huelo St. Junut Beed. SP has YIL moberet HE Cry, Hale Modeur, Enc. which he as Bo solamed, the real property describes	1-5-9-1-71	\$2,3M (TAV)
[ ]Chec	ck here if entry is None	[ ]Check here if addition	al sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
#ax	LM 1972 Roominera Days Haral		

Check here if entry is None

[ ]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10.000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
			•
		· · · · · · · · · · · · · · · · · · ·	

[ /Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF STATE AGENCY

Check here if entry is None	[

#### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF	VALUE
			INTEREST STATE	
			MAY 30 P2:32 TATE OF HAWAII ETHICS COMMISSION	
			2 -	
[ /]Check he	re if entry is None	[ ]Check	here if additional sheets	are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Janvenum Peijutl

NAME OF CLIENT

<u>5/29/02</u>

DATE